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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Editor

RECOMMENDATIONS FOR HEALTH SUPERVISION AND SANITATION IN HARVEST LABOR CAMPS FOR CHILDREN

Provision must be made for the protection of the health of the adolescent worker beyond that which is considered necessary for the adult. Although the adolescent may seem to be as strong as the adult, he is actually carrying a heavier load. Boys and girls between the ages of 14 and 18 are growing rapidly and are undergoing many physical and emotional changes. The rapid growth, in fact the whole maturing process, throws an added strain upon the young worker.

Because he is still growing, the young worker is especially susceptible to unfavorable health conditions that may even alter the course of his physical development. Thus overfatigue, improper or insufficient food, inadequate rest, or lack of fresh air, of sunshine, and of exercise—everything that interferes with normal growth—may have a lasting effect upon the adolescent boy and girl.

Advice and assistance can be obtained from local public health departments in planning and providing health services and surroundings conducive to good health for boys and girls engaged in farm labor. In localities not served by a health officer employed full time, advice and assistance can be obtained from the State Department of Public Health, 760 Market Street, San Francisco.

HEALTH SUPERVISION

No adolescent boy or girl should be permitted to work on farms or in harvesting crops unless physically well and there is assurance that his or her growth and development will not be impaired. Consideration must be given to the age, sex and individual growth and development of each boy and girl recruited for the harvest camps. Continuous health supervision by properly qualified persons will protect and maintain their health while they are on the job. No boy or girl

who has any of the following physical defects should be permitted to enroll for the harvest camp:

Tuberculosis; history of epilepsy; rheumatic heart disease—active or inactive; hernia; orthopedic handicaps; or any communicable disease including infectious gingivitis, conjunctivitis, scabies or impetigo.

In order to know the physical status of each young worker, the following procedures are recommended:

Medical Examinations

Where recent medical examinations have not been made through the school health service, or otherwise, a preliminary physical examination should be given. These examinations should include laboratory tests as necessary.

Arrangements for medical examinations should be made for all young workers whose health status is questionable. Such arrangements can be made with:

1. The school health services, or a check of the school health records should be made, where such have been kept or
2. Private physicians or
3. The local full-time health officer, if there is a full-time public health department in the area or
4. Private health agencies such as the local tuberculosis association.

Health Supervision in the Camps

A physician must be on call or readily available at all times for each harvest camp. This camp medical advisor should have the services of a public health nurse to assist in carrying out his recommendations and orders. One public health nurse can be employed for one large camp or for several small ones in close

proximity. Such nurses may be recruited from school districts. These nurses should be available for harvest camp employment as their vacations correspond with the period in which the harvest camps will be open.

Emergency Medical Care

Acute illnesses and accidents must receive prompt medical attention. These should be provided for through a well-administered emergency medical care program established for each harvest camp. The consent of parents for any necessary emergency medical service should be obtained for each boy and girl. These signed "consent" statements should be kept on file and readily accessible to those responsible for the health and safety of the young workers.

Arrangements should be made with the local full-time health officer, if there is one in the area, or with the local medical society, for adequate emergency medical care and hospitalization of cases designated as needing hospital care by the attending physician.

An agreement, or contract, should be made through the local health officer, or camp medical advisor, with county or other hospitals for necessary hospitalization.

First-Aid

Each harvest camp should have all necessary first-aid equipment. A camp physician, nurse, or person fully trained in first-aid, should be in charge at all times. If there is no camp physician, then the local full-time health officer, or camp medical advisor (private physician) should draw up "standing orders" for the care of acute illnesses and accidents. These orders should be carefully followed by the nurse or qualified person in charge of the first-aid service.

Communicable Disease Control

The control of communicable diseases is the responsibility of the local health officer. All cases of communicable disease must be reported immediately to the local health officer in the county in which the camp is located.

Isolation facilities should be available in each harvest camp. "Isolation facilities" do not mean that an emergency hospital needs to be set up but any case of a serious communicable disease must be isolated until the patient is removed to the hospital. All cases should be removed *promptly*.

Vaccination and Other Health Protections

Smallpox vaccination, diphtheria immunization, typhoid inoculation and protection against tetanus are desirable. Under no circumstances should young workers be assigned to work with professional agricultural workers whose immunization and health status is unknown.

Health and Safety Education

Some definite plan should be worked out so that all harvest camp workers and supervisors will be given instruction in accident prevention and health protection—especially in the prevention of spread of certain of the more serious communicable diseases. This responsibility can be assumed by the camp Public Health Nurse under the medical direction of the camp medical advisor.

Nutrition

The right food, properly prepared, and attractively served is of great importance to the health, welfare and comfort of the boys and girls in the camps.

Adequate nutrition is necessary to keep them fit and to make them efficient, happy workers. All food should be prepared and handled under sanitary conditions. Recommendations for the sanitation of kitchens and dining-rooms and the health status and supervision of food handlers are discussed under "Sanitation." Consultation and assistance in planning an adequate diet for these young workers may be obtained through the State Department of Public Health, Bureau of Maternal and Child Health, Nutrition Services, 760 Market Street, Room 739, San Francisco.

SANITATION

I. *Campsite*. The planning of labor camps should be discussed with the State Division of Immigration and Housing. In selection of a campsite, the following features should be sought:

- A. Location on porous soil.
- B. Sunlight at least part of the day.
- C. Shade part of the day if located in hot climate.
- D. Freedom from:
 1. Dust.
 2. Fly and mosquito breeding.
 3. Danger of floods.
 4. Poison oak.
 5. Poisonous snakes.
 6. Danger of forest, brush and grass fires.

II. *Water Supply*. Must be approved by the local or state public health department and by the State Division of Immigration and Housing.

- A. Water must be:
 1. Free from contamination.
 2. Of adequate supply.
 3. Potable.
- B. Source of water supply may be:
 1. Preferably an approved city system.
 2. Well.
 - a. Must be cased and tightly covered, preferably with a cement slab.
 - b. Waste water must be diverted to prevent seepage back into the well.
 3. Spring.
 - a. Must be properly boxed, preferably with concrete.
 4. Stream, as a last resort.
 - a. Must be properly boxed, preferably with concrete.
- C. No privy or other means of sewage disposal should be located above the source of water supply nor, in any case, nearer than 100 feet of it.
- D. Paper drinking cups should be provided.

III. *Waste Disposal*. Must be approved by the local or state public health department and by the State Division of Immigration and Housing.

- A. Sewage. The proper sanitary disposal of fecal wastes is of utmost importance. Such wastes can dangerously pollute water supplies, and, through the agency of flies, contaminate food.
 1. The following methods may be used:
 - a. Preferably connection with an approved city system.
 - b. Leaching cesspool.
 - c. Septic tank.
 - d. Privies.
 - e. Chemical toilets.
- B. Toilets.
 1. Types.
 - a. Water flush preferable.
 - b. Chemical toilet.
 - c. Septic privy.
 - d. Pit privy.
 2. Provisions.
 - a. One toilet seat for every 15 persons.
 - b. Separate facilities for males and females.
 - c. Location not more than 400 feet from occupied area.
 - d. All buildings tightly screened against mosquitoes and flies.
 - e. Self-closing, hinged covers on toilet seats as protection against flies.
 - f. Nearby facilities for hand washing including hot water, soap and paper towels.

g. Good light.

h. Kept in clean, sanitary condition.

- (1) Toilet seats should be scrubbed with hot water and soap twice daily.
- (2) Odors can be reduced by:
 - (a) One or two cups of kerosene sprayed into pit privy vaults every two or three days. In this case, no smoking should be permitted in privies.
 - (b) Two tablespoons of chlorine preparation in water sprayed on walls and floor of privy.
- (3) Privy vaults should be painted or sprayed with crude oil to reduce danger from black widow spiders. Inspections should be made at intervals for black widow spiders.

C. Kitchen Wastes.

1. Disposal:

- a. City sewerage system.
- b. Leaching cesspools.
- c. Septic tanks.

2. Grease trap should be provided.

D. Garbage.

1. All garbage should be placed in covered metal containers which should be emptied daily or more frequently if necessary.
2. Disposal:
 - a. By municipal collection and disposal.
 - b. In a designated dump or a properly constructed pit.
 - (1) Garbage should be covered each day with 4 to 6 inches of dry earth to prevent attracting rodents, flies, and wild animals. Each pit should be covered with 1 or 2 feet of dirt when it is almost full, and then no longer used.
 - c. By burning if garbage contains sufficient combustible material so that a nuisance is not created.

IV. Housing and Furnishings. Dwellings must conform to standards of the State Division of Immigration and Housing.

A. Cleanliness should be maintained at all times.

B. All sleeping rooms, toilets, washrooms and rooms in which food is stored, prepared and served should be screened against flies and mosquitoes.

C. Buildings should be so constructed as to guard against the entrance of rodents.

D. Clean, warm bedding should be provided.

1. Bedding should be laundered frequently.
2. Bedding provided one occupant should not be furnished another without laundering.
3. Mattresses, cots, pillows and blankets should be exposed to sunlight frequently.
 - a. For eight hours if they are to be used by another occupant.
4. Beds should be placed not closer together than six feet from center to center.
5. Beds should be so arranged that the head of each bed is opposite the foot of each adjacent bed.
 - a. Where shape of space permits, still greater distances between the faces of occupants of adjacent beds can be obtained by staggering the beds.

E. Separate sleeping quarters should be provided for males and females and should be under the supervision of a responsible adult.

F. Adequate separate washing and bathing facilities for both sexes should be provided, including:

1. Hot and cold water at all times.
2. Soap.
3. Individual towels.

G. Adequate facilities for personal laundry should be provided.

V. Food Sanitation. Because of the dangers of epidemics inherent in mass feeding, practices which are common in the home kitchen and dining room, can not be tolerated in the institutional preparation, storage and serving of food. Advice on specific problems may be obtained from local or state public health departments.

A. General provisions:

1. Building in which food is stored, prepared and served must be
 - a. Screened against flies and mosquitoes.
 - b. Kept absolutely free of rats, mice and other rodents.
 - c. Kept in a scrupulously clean condition.
2. No smoking should be permitted by employees while on duty in rooms where food is prepared, stored and served.
3. No sleeping should be permitted in rooms in which food is prepared, stored and served.
4. A separate room should be available in which food handlers may change clothing.
 - a. Under no circumstances should clothing be allowed to hang in rooms in which food is handled.

5. Facilities for handwashing, other than the kitchen sink, should be convenient for food handlers.

- a. All food handlers should be required to wash their hands with soap and hot water immediately after using the toilet and between handling of dirty dishes and utensils and handling prepared foods or clean utensils or dishes.

6. An ample supply of hot water and soap should be available at all times for washing dishes, tables, kitchen equipment and floors.

7. An adequate supply of linen, including towels and aprons, should be available.

- a. Food handlers should be required to change aprons frequently.

8. All utensils should be maintained in good condition.

- a. Cracked or damaged dishes and glasses should be discarded.

B. Personnel.

1. Food handlers should be responsible adults free from infectious diseases.

- a. Medical examinations should be made to rule out, if possible, typhoid, diphtheria, and dysentery carriers.

2. If it is necessary to employ boys and girls as kitchen help, their assignment should be on a permanent basis.

- a. To rotate kitchen work, including dishwashing and clean-up duty, among a number of persons increases the possibility that carriers of infectious disease may be in the group.

3. If untrained food handlers are employed, they should be instructed in the fundamentals of food sanitation.

- a. Assistance can be obtained from public health departments.

C. Storage.

1. Adequate refrigeration should be provided.

2. All perishable foods should be kept under refrigeration at not more than 50 degrees Fahrenheit.

3. Foods should be protected at all times from contamination by flies, dust, molds, rodents, and birds and their droppings, and from unnecessary handling.

4. No more food than is sufficient for one meal should be prepared nor removed from original containers.

5. Foods should not be prepared any further in advance of a meal than is absolutely necessary.

D. Selection and Preparation of Foods.

1. General provisions.

- a. All foods should be fresh, clean, wholesome and in good condition, free from spoilage.
- b. All foods should be prepared and served in a clean, sanitary manner.

2. Milk.

- a. Must be from source approved by public health department or the State Department of Agriculture.
- b. Must be kept under refrigeration.
- c. Must be served from original containers, preferably individual bottles.
- d. Should be pasteurized.
- e. If not pasteurized should be heated for 30 minutes at 142 degrees—145 degrees Fahrenheit, properly cooled and kept under refrigeration until used.

3. Canned foods.

- a. No canned food should be served which shows evidence of spoilage, such as
 1. Bulged container.
 2. Mold.
 3. Formation of gas in container.
 4. Bad odor.
- b. All home-canned vegetables should be boiled 15 minutes to guard against botulism.

4. Vegetables and fruits, if to be eaten raw, should be thoroughly washed in cold water.

5. Meats should bear stamp of government inspection.

6. Ice used to cool or dilute liquids by direct contact should be obtained from a source approved by the public health department.

7. Left-over foods.

- a. To be avoided.
- b. Must be kept under refrigeration.
- c. To guard against food poisoning, left-over foods should be boiled or should be thoroughly heated in the oven before being served.
- d. Partially eaten foods, including bread and rolls, cannot be served again.

E. Serving of food.

1. Food should be served in a sanitary manner on clean tables.

2. Self-service is less sanitary and, if used, food should be protected from contamination by coughing, dust, handling, etc.

3. Food once served an individual, or placed on a tray, if there is self-service, should not be taken back and served another individual.

F. Dishwashing.

1. A two compartment sink or two washtubs should be provided so that the same receptacle is not used for both washing and rinsing.
2. The following methods should be employed:
 - a. Dishes and utensils scraped of food.
 - b. Thorough cleansing in water which is kept hot and soapy.
 - c. Careful rinsing with immersion for three minutes in
 - (1) Clean water kept at 170 degrees Fahrenheit or more, or,
 - (2) Clean cool water to which chlorine has been added in strength of 100 parts chlorine to one million parts of water.
 - (a) Equivalent of one tablespoon of a standard laundry bleach solution containing hypochloride, such as Clorox, Magic White, Purex, Sani-Chlor, etc., in a gallon of water.
 - d. Drying.
 - (1) If rinsed in scalding water should be placed in rack and air dried.
 - (2) If rinsed in cool water should be dried with clean towels to remove taste of chlorine.
3. After washing dishes and utensils should be
 - a. Handled so as not to contaminate them with fingers.
 - b. Should be placed in closed container and protected from dust.
4. A regular dishwashing crew should be employed and there should not be rotation of this work. (See V B 2.)

MORBIDITY *

Complete Reports for Certain Diseases Recorded for Week Ending March 27, 1943. Civilian Cases

Chickenpox

1,794 cases from the following counties: Alameda 147, Butte 8, Contra Costa 21, El Dorado 1, Fresno 53, Kern 37, Kings 5, Lassen 17, Los Angeles 499, Madera 1, Marin 11, Merced 1, Monterey 10, Napa 29, Orange 64, Sacramento 69, San Bernardino 24, San Diego 332, San Francisco 224, San Joaquin 87, San Luis Obispo 8, San Mateo 23, Santa Barbara 2, Santa Clara 45, Santa Cruz 1, Shasta 3, Siskiyou 23, Solano 6, Sonoma 25, Sutter 4, Tulare 6, Ventura 5, Yuba 3.

German Measles

1,607 cases from the following counties: Alameda 144, Contra Costa 10, Fresno 49, Kern 11, Los Angeles 619, Madera 9, Marin 9, Monterey 9, Napa 3, Orange 114, Sacramento 46, San Bernardino 29, San Diego 234, San Francisco 118, San Joaquin 16, San Luis Obispo 22, San Mateo 15, Santa Barbara 34, Santa Clara 42, Santa Cruz 4, Shasta 1, Solano 5, Sonoma 19, Tulare 1, Ventura 38, Yolo 3, Yuba 3.

Measles

807 cases from the following counties: Alameda 47, Amador 1, Contra Costa 8, Del Norte 1, El Dorado 4, Fresno 5, Inyo 2, Kern 27, Kings 1, Lassen 1, Los Angeles 330, Madera 2, Marin 9, Mendocino 2, Merced 7, Monterey 12, Napa 3, Orange 12, Sacramento 66, San Bernardino 5, San Diego 63, San Francisco 113, San Joaquin 6, San Luis Obispo 3, San Mateo 9, Santa Barbara 2, Santa Clara 9, Santa Cruz 3, Shasta 1, Siskiyou 1, Solano 27, Sonoma 11, Stanislaus 1, Tulare 4, Ventura 3, Yolo 4, Yuba 2.

Mumps

885 cases from the following counties: Alameda 86, Contra Costa 6, Del Norte 1, Fresno 9, Glenn 1, Humboldt 30, Kern 29, Kings 11, Lassen 1, Los Angeles 192, Marin 15, Mariposa 1, Merced 7, Monterey 1, Napa 13, Orange 32, Riverside 1, Sacramento 5, San Bernardino 19, San Diego 79, San Francisco 102, San Joaquin 138, San Luis Obispo 3, San Mateo 13, Santa Clara 25, Shasta 37, Solano 5, Sonoma 8, Tulare 4, Yolo 11.

Scarlet Fever

157 cases from the following counties: Alameda 9, Contra Costa 2, El Dorado 1, Fresno 6, Humboldt 1, Kern 7, Lassen 4, Los Angeles 49, Mendocino 1, Merced 1, Napa 1, Orange 4, Sacramento 4, San Bernardino 4, San Diego 7, San Francisco 29, San Joaquin 3, San Mateo 4, Santa Barbara 2, Santa Clara 4, Santa Cruz 1, Solano 9, Sonoma 4.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

Whooping Cough

456 cases from the following counties: Alameda 57, Contra Costa 12, Fresno 4, Kern 41, Lassen 1, Los Angeles 153, Marin 1, Merced 2, Monterey 2, Napa 1, Orange 23, Sacramento 8, San Diego 59, San Francisco 32, San Joaquin 16, San Luis Obispo 1, San Mateo 9, Santa Barbara 2, Santa Clara 10, Solano 1, Sonoma 5, Sutter 1, Tehama 1, Tulare 2, Ventura 1, Yolo 7, Yuba 4.

Diphtheria

23 cases from the following counties: Butte 2, Los Angeles 5, Marin 7, Sacramento 3, San Francisco 1, San Joaquin 2, San Luis Obispo 1, Santa Cruz 1, Yolo 1.

Epilepsy

45 cases from the following counties: Alameda 2, Los Angeles 38, San Francisco 4, Sonoma 1.

Dysentery (Bacillary)

3 cases from the following counties: Los Angeles 2, Sonoma 1.

Food Poisoning

One case from San Luis Obispo County.

Influenza (Epidemic)

55 cases reported in the State.

Jaundice (Infectious)

2 cases from the following counties: Butte 1, Sutter 1.

Meningitis (Meningococcal)

28 cases from the following counties: Alameda 8, Kings 1, Los Angeles 7, Sacramento 2, San Bernardino 2, San Diego 2, San Francisco 5, San Mateo 1.

Pneumonia (Infectious)

118 cases reported in the State.

Poliomyelitis (Acute Anterior)

One case from Santa Clara County.

Rabies (Animal)

17 cases from the following counties: Fresno 2, Kern 3, Los Angeles 10, Monterey 2.

Rheumatic Fever (Acute)

7 cases from the following counties: Los Angeles 5, San Francisco 2.

Typhoid Fever

One case from Los Angeles County.

Undulant Fever

4 cases from the following counties: Los Angeles 3, Yolo 1.

Gonorrhea

200 cases reported in the State.

Syphilis

499 cases reported in the State.

The time has plainly come when the business of the whole world is our business and when if we neglect that vital fact we are doing our Nation the greatest possible damage. It is because of the doctrines of isolation that our youth are fighting in the South Pacific, in Asia and in Africa. What they should have been doing is traveling peacefully and trading successfully in all of these countries.—Nicholas Murray Butler.

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